



DAEDALIAN MEMBERSHIP APPLICATION

Name* Rated Category* (Circle One)
 First _____ M. I. _____ Pilot CSO NFO Navigator ABM RPA
 Last _____ Suffix _____ Astronaut Flight Surgeon

Service _____ Rank _____ Reservist Yes / No Retired? Yes / No Retire Year _____

Address*
 Street _____ City _____ State/Province/Region _____
 Zip Code _____ Date of Birth (DOB)* ____/____/____ Phone # () _____ - _____

Email* _____

Spouse Name _____ Callsign (if applicable) _____

Aircraft Flown _____ Current Employer _____

How did you hear about us, and what do you hope to get out of your membership? _____

*Required

***** Initiation fee \$50 and Current Dues \$70 *****

Credit Card # _____ Exp Date _____ CVV _____

Please mail in this application along with a check and your aeronautical orders, rating or DD-214 to address below

For Electronic Submission:
 Please Visit Us At: daedalians.org
 Email your aeronautical orders, ratings, or DD-214 to:
membership@daedalians.org

HEADQUARTERS: This application for Named Membership in the Order of Daedalians is approved, and the new member is assigned to perpetuate:

Membership number: _____ of _____

Date of Approval: _____ Flight # _____

Executive Director: _____